

Los Angeles County Sheriff's Department

Supervisor's Report on Use of Force

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Incident Information			
URN: 4 0 9 - 1 9 8 6 6 - 2 8 3 3 - 0 5 8		Date: 12/15/09	Time: 1938hrs
Location:	[REDACTED] W. Caldwell St.		City or Station: Compton
Bureau/Station/Facility:	Field Operations II/Compton Station		Admin. Investigation: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Type of Force:	Personal Weapons/Takedown/Significant Use of Force		
Deputy Injury: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Suspect Injury: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<input type="checkbox"/> Call	<input checked="" type="checkbox"/> Observation	<input type="checkbox"/> Detail	<input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Vehicle Pursuit
IAB Notified: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Person Notified: Lt. Scott Brickert	Emp: [REDACTED] IAB Roll Out: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

Involved Employee			
E1	Employee # [REDACTED]	Last Name: Coberg	First Name: Michael Middle Name:
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: W	Unit of Assignment: Compton Station
		Work Assignment (Unit #, Module, etc.): 284D	
Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED] Height: 6'01" Weight: 245
<input checked="" type="checkbox"/> Injured <input checked="" type="checkbox"/> Treated <input type="checkbox"/> Admitted		Hospital: U.S. Health Works	
		Coroner Case #	Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>

E2	Employee # [REDACTED]	Last Name: Brown	First Name: Curtis Middle Name:
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: W	Unit of Assignment: Compton Station
		Work Assignment (Unit #, Module, etc.): 284D	
Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED] Height: 5'10" Weight: 190
<input checked="" type="checkbox"/> Injured <input checked="" type="checkbox"/> Treated <input type="checkbox"/> Admitted		Hospital: U.S. Health Works	
		Coroner Case #	Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>

E3	Employee # [REDACTED]	Last Name: [REDACTED]	First Name: [REDACTED] Middle Name:
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: W	Unit of Assignment: [REDACTED]
		Work Assignment (Unit #, Module, etc.): [REDACTED]	
Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED] Height: 6'00" Weight: 200
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted		Hospital: [REDACTED]	
		Coroner Case #	Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>

☒ Additional Involved Employees

On Duty Supervisor					
Emp. # [REDACTED]	Last Name: Ching	First Name: Jim	Middle Name: C	Rank: SGT	Present: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Emp. # [REDACTED]	Last Name: [REDACTED]	First Name: [REDACTED]	Middle Name: [REDACTED]	Rank: [REDACTED]	Present: YES <input type="checkbox"/> NO <input type="checkbox"/>
				Witness to Incident: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Witness to Incident: YES <input type="checkbox"/> NO <input type="checkbox"/>

Watch Sergeant		
Emp. # [REDACTED]	Last Name: Regalado	First Name: Raul Middle Name:

Watch Commander		
Emp. # [REDACTED]	Last Name: Meeder	First Name: Brian Middle Name: A

Brian A. Meeder, Lieutenant Watch Commander (Print Name)	 Watch Commander's Signature:	Emp #: [REDACTED] Date: 1/27/10
Jim C. Ching, Sergeant Supervisor Completing Form: (Print Name)	 Supervisor's Signature:	Emp #: [REDACTED] Date: [REDACTED]
Diane E. Walker, Captain Unit Commander (Print Name)	 Unit Commander's Signature:	Emp #: [REDACTED] Date: 01/28/10



DISCOVERY Use Only
FO# 2259640

7 wren 19-21-10

**Supervisor's Report on Use of Force
INVOLVED EMPLOYEE - Continuation
4 0 9 - 1 9 8 6 6 - 2 8 3 3 - 0 5 8**

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Involved Employee										
E 4	Employee #	Last Name			First Name			Middle Name		
	Sex:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race:	W		Unit of Assignment:		Work Assignment (Unit #, Module, etc.):	
	Shift:	<input type="checkbox"/> EM	<input type="checkbox"/> Day	<input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift	<input type="checkbox"/> OT Shift	<input type="checkbox"/> Off Duty	Age:	Height:	Weight:
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____							Coroner Case #	Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>	
E 5	Employee #	Last Name			First Name			Middle Name		
	Sex:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race:	B		Unit of Assignment:		Work Assignment (Unit #, Module, etc.):	
	Shift:	<input type="checkbox"/> EM	<input type="checkbox"/> Day	<input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift	<input type="checkbox"/> OT Shift	<input type="checkbox"/> Off Duty	Age:	Height:	Weight:
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____							Coroner Case #	Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>	
E 6	Employee #	Last Name			First Name			Middle Name		
	Sex:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Race:	A		Unit of Assignment:		Work Assignment (Unit #, Module, etc.):	
	Shift:	<input type="checkbox"/> EM	<input type="checkbox"/> Day	<input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift	<input type="checkbox"/> OT Shift	<input type="checkbox"/> Off Duty	Age:	Height:	Weight:
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____							Coroner Case #	Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>	
E 7	Employee #	Last Name			First Name			Middle Name		
	Sex:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Race:	W		Unit of Assignment:		Work Assignment (Unit #, Module, etc.):	
	Shift:	<input type="checkbox"/> EM	<input type="checkbox"/> Day	<input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift	<input type="checkbox"/> OT Shift	<input type="checkbox"/> Off Duty	Age:	Height:	Weight:
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____							Coroner Case #	Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>	
E	Employee #	Last Name			First Name			Middle Name		
	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female		Race:			Unit of Assignment:		Work Assignment (Unit #, Module, etc.):	
	Shift:	<input type="checkbox"/> EM	<input type="checkbox"/> Day	<input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift	<input type="checkbox"/> OT Shift	<input type="checkbox"/> Off Duty	Age:	Height:	Weight:
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____							Coroner Case #	Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>	

Supervisor's Report on Use of Force SUSPECT INFORMATION

4 0 9 - 1 9 8 6 6 - 2 8 3 3 - 0 5 8

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S 1

Suspect Information											
Last Name		Sowell		First Name		Leonis		Middle Name		Richard	
AKA Last Name				First Name				Middle Name			
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: B		Street Address:		City:		State & Zip Code:			
Work Phone:		Home Phone:		Age: 31		Height: 5'10"		D.O.B. 08/27/78		Weight: 210	
Armed? <input checked="" type="checkbox"/>											
Booking #: 2163616		Primary Charge Code: 69 PC		Secondary Charge Code: 12021.1(a) PC		Criminal History					
EMT in attendance? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Name: Capt. Davis		Unit: Compton Fire 44		Phone #: 310-605-5670					
Hospital Admission? <input checked="" type="checkbox"/>		Rec'd Treatment At: Harbor-UCLA Medical Center		Coroner Case #:		Mental History		<input type="checkbox"/>			
By Doctor: Dr. Middleton		Address: 1000 West Carson St. Torrance, Ca. 90509		Phone #: 310-222-3520							
Under Influence: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Substance: Alcohol		Mental Illness		<input type="checkbox"/>					
Suspect Interview											
Date: 12/15/09		Time: 2128hrs		Audiotape: <input type="checkbox"/>		Videotape: <input checked="" type="checkbox"/>		Photos of Injuries: <input type="checkbox"/>			

S 2

Suspect Information											
Last Name		Wilson		First Name		Rochelle		Middle Name			
AKA Last Name				First Name				Middle Name			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race: B		Street Address:		City:		State & Zip Code:			
Work Phone:		Home Phone:		Age: 59		Height: 5'07"		D.O.B. 12/04/57		Weight: 180	
Armed? <input type="checkbox"/>											
Booking #: 2163603		Primary Charge Code: 69 PC		Secondary Charge Code: 405a PC		Criminal History					
EMT in attendance? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Name:		Unit:		Phone #:					
Hospital Admission? <input type="checkbox"/>		Rec'd Treatment At:		Coroner Case #:		Mental History		<input type="checkbox"/>			
By Doctor:		Address:		Phone #:							
Under Influence: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Substance:		Mental Illness:		<input type="checkbox"/>					
Suspect Interview											
Date: 12/15/09		Time: 2043hrs		Audiotape: <input type="checkbox"/>		Videotape: <input checked="" type="checkbox"/>		Photos of Injuries: <input type="checkbox"/>			

S 3

Suspect Information											
Last Name		Yates		First Name		Claretta		Middle Name			
AKA Last Name				First Name				Middle Name			
Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Race: B		Street Address:		City:		State & Zip Code:			
Work Phone:		Home Phone:		Age: 50		Height: 5'03"		D.O.B. 05/26/59		Weight: 220	
Armed? <input type="checkbox"/>											
Booking #: 2163599		Primary Charge Code: 405(A)PC		Secondary Charge Code:		Criminal History					
EMT in attendance? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Name:		Unit:		Phone #:					
Hospital Admission? <input type="checkbox"/>		Rec'd Treatment At:		Coroner Case #:		Mental History		<input type="checkbox"/>			
By Doctor:		Address:		Phone #:							
Under Influence: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Substance:		Mental Illness:		<input type="checkbox"/>					
Suspect Interview											
Date: 12/15/09		Time: 2050hrs		Audiotape: <input type="checkbox"/>		Videotape: <input checked="" type="checkbox"/>		Photos of Injuries: <input type="checkbox"/>			

☒ Additional Suspects Involved

Supervisor's Report on Use of Force
SUSPECT INFORMATION - Continuation
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S 4

Suspect Information									
Last Name		Pobiano		First Name		William		Middle Name	
AKA Last Name				First Name				Middle Name	
Sex:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race:	H	Street Address:		City:		State & Zip Code:	
Work Phone:		Home Phone:		Age:	21	Height:	5'10"	D.O.B.	07/16/88
				Weight:	220	Armed?		<input type="checkbox"/>	
Booking #:		2163601		Primary Charge Code:		405(A)PC		Secondary Charge Code:	
								Criminal History	
EMT in attendance?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Name:		Unit:		Phone #:	
Hospital Admission?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Rec'd Treatment At:		Coroner Case #:		Mental History	
								<input type="checkbox"/>	
By Doctor:				Address:				Phone #:	
Under Influence:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Substance:		Alcohol		Mental Illness	
								<input type="checkbox"/>	
Suspect Interview									
Date:		12/15/09		Time:		2054hrs		Audiotape:	<input type="checkbox"/>
								Videotape:	<input checked="" type="checkbox"/>
								Photos of Injuries:	
								<input type="checkbox"/>	

S

Suspect Information									
Last Name				First Name				Middle Name	
AKA Last Name				First Name				Middle Name	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race:		Street Address:		City:		State & Zip Code:	
Work Phone:		Home Phone:		Age:		Height:		D.O.B.	
				Weight:		Armed?		<input type="checkbox"/>	
Booking #:				Primary Charge Code:				Secondary Charge Code:	
								Criminal History	
EMT in attendance?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Name:		Unit:		Phone #:	
Hospital Admission?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Rec'd Treatment At:		Coroner Case #:		Mental History	
								<input type="checkbox"/>	
By Doctor:				Address:				Phone #:	
Under Influence:		<input type="checkbox"/> YES <input type="checkbox"/> NO		Substance:				Mental Illness	
								<input type="checkbox"/>	
Suspect Interview									
Date:				Time:				Audiotape:	<input type="checkbox"/>
								Videotape:	<input type="checkbox"/>
								Photos of Injuries:	
								<input type="checkbox"/>	

S

Suspect Information									
Last Name				First Name				Middle Name	
AKA Last Name				First Name				Middle Name	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race:		Street Address:		City:		State & Zip Code:	
Work Phone:		Home Phone:		Age:		Height:		D.O.B.	
				Weight:		Armed?		<input type="checkbox"/>	
Booking #:				Primary Charge Code:				Secondary Charge Code:	
								Criminal History	
EMT in attendance?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Name:		Unit:		Phone #:	
Hospital Admission?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Rec'd Treatment At:		Coroner Case #:		Mental History	
								<input type="checkbox"/>	
By Doctor:				Address:				Phone #:	
Under Influence:		<input type="checkbox"/> YES <input type="checkbox"/> NO		Substance:				Mental Illness	
								<input type="checkbox"/>	
Suspect Interview									
Date:				Time:				Audiotape:	<input type="checkbox"/>
								Videotape:	<input type="checkbox"/>
								Photos of Injuries:	
								<input type="checkbox"/>	

Supervisor's Report on Use of Force EMPLOYEE / NON-EMPLOYEE INFORMATION

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Employee Witnesses

Emp. #	Last Name	First Name	Middle Name
	Minott	Christopher	
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.
			54	
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.

☐ Additional Witness

409 - 19866 - 2833 - 058

Method

(AW) Arwen	(FH) Firearm (Handgun)	(PO) Personal Weapon (Other)
(BC) Baton: (Control)	(FR) Firearm (Rifle)	(RS) Resistance
(BI) Baton: (Impact)	(FS) Firearm (Shotgun)	(CN) Restraint Device (Capture Net)
(BF) Bodily Fluids	(FO) Firearm (Other)	(RH) Restraint Device (Handcuffs)
(CN) Canine	(FB) Flashbang	(HB) Restraint Device: Hobble (Legs Only)
(CR) Carotid Restraint	(FL) Flashlight	(TP) Restraint Device: Hobble (TARP)
(CH) Choke Hold	(OE) Other Weapon: Edged	(RE) Restraint Device: REACT Belt
(CT) Control Holds: (Control Techniques)	(OV) Other Weapon: Vehicle	(SP) Sap
(TT) Control Holds: (Team Takedown)	(OB) Other Weapon: Blunt Object	(SH) Shield
(TD) Control Holds: (Takedown)	(OO) Other Weapon: Other	(SG) 37mm Stinger
(CE) Chemical	(PK) Personal Weapon: Feet/Leg: (Kick)	(SB) Sting Ball
(OC) Chemical Agents (OC Spray)	(PS) Personal Weapon: Feet/Leg: (Sweep)	(ST) Stun Bag
(TG) Chemical Agents (Tear Gas)	(PH) Personal Weapon (Hand/Arm)	(TR) Taser
(EX) Explosives	(PP) Personal Weapon (Push)	(UC) Uncooperative

Type of Injury

(AB) Abrasion	(DB) Dog Bite	(PA) Paralysis
(BR) Bruise	(FR) Fractures	(PW) Puncture Wound
(BU) Burn	(GS) Gunshot	(SD) Soft Tissue Damage
(CP) Complaint of Pain	(HB) Human Bite	(ST) Sprain/Twists
(CO) Concussion	(LC) Lacerations	(UN) Unconscious
(DH) Death	(ND) Nerve Damage	(RM) Refused Med Treatment
(DI) Dislocation	(OD) Organ Damage	(NN) NONE

Body Part Injured

(AD) Abdomen	(FA) Face	(HI) Hip
(AK) Ankle	(FE) Feet	(IN) Internal
(AR) Arm	(FI) Fingers	(KN) Knees
(BK) Back	(GE) Genitals	(LE) Leg
(BT) Buttocks	(GR) Groin	(NK) Neck
(CH) Chest	(HD) Hands	(NO) Nose
(EL) Elbow	(HE) Head	(SH) Shoulder
		(WR) Wrist

[illegible]

Supervisor's Report on Use of Force
409-19866-2833-058

7

Force Applied

TAKE DOWN/PERSONAL WEAPONS/IMPACT WEAPONS/ SIGNIFICANT FORCE

Incident Details

Deputies Coberg and Brown attempted to contact Suspect Sowell regarding a Drinking in Public violation, when they saw the suspect reach for his waistband as he ran to the rear of the property. The deputies closed the distance as the suspect tossed a handgun over their heads. Simultaneously, the suspect turned on the deputies and punched Deputy Coberg in the chest and engaged both deputies in a fight. The suspect then tried getting away from the deputies and scrambled to the house via the rear kitchen door. The fight continued inside the house as Deputy Brown called for assistance over his handheld radio. Meanwhile, S/ Sowell's [REDACTED] (Suspect Wilson) came to his aid and threw herself at the deputies and on top of her [REDACTED]. Assisting units (Deputies [REDACTED] and [REDACTED]) responded to Deputy Brown's emergent request and assisted with the struggle to handcuff S/ Sowell. Deputy [REDACTED] had to use his flashlight on S/ Sowell's arms and upper body to gain his compliance. The assisting deputies were then able to escort the suspect out of the house.

Deputy [REDACTED] and [REDACTED] assisted by taking a hold of the [REDACTED] (S/ Wilson) and escorting her out of the scenario.

As I arrived to the scene, I saw Deputy Coberg adjusting the light on his firearm as he holstered it. S/ Sowell had grabbed Deputy Coberg's gun during the struggle and damaged the light. I saw that the small cluttered "add-on" bedroom had enough space for a mid-size bed and a narrow pathway around the bed. The room was dark, except for the ambient light coming from the adjacent room/kitchen area. I recognized Deputies [REDACTED] and [REDACTED] attempting to lift the suspect, who was handcuffed, off the ground in the corner. They picked him up and escorted him outside.

Once outside of the house, I witnessed a chaotic and confusing scene with neighbors and the suspects' family members yelling and cussing at the deputies. It took several minutes for Lt. Meeder and me to calm the angry crowd down. When I asked for witnesses, I was only met with hostility and accusations of racist behavior by the Sheriff Department. People who were not at the scene prior to the incident were driving up, jumping out of their vehicles and started yelling and demanding "justice" and how we (Sheriff Department) did not have a warrant to be at the location. I was unable to convey any sense of rational explanation to the unruly crowd. The best course of action at that point was to transport the suspects from the scene.

The Watch Commander, Lt. B. Meeder, notified Lieutenant Brickert of Internal Affairs Bureau of this incident at 2100 hours. Lt. B. Meeder also e-mailed the "Mandatory Notification Form" to Lieutenant Brickert.

Reported Use of Force by Involved Employee(s)

The deputies involved in this incident either completed an incident report or a supplemental report concerning their uses of force. The deputies' statements were consistent with the reports they submitted and the force they reported to me.

Witness Interview(s)

WITNESS

Aside from the suspects being detained, Mr. [REDACTED] was the only other person at the location that I was able to identify and get any kind of statement regarding this incident from. He identified himself as the head of the household and demanded to know why his [REDACTED] (S/ 3, Claretta Yates) was being detained in the patrol car. Mr. [REDACTED] was agitated and refused to be interviewed on videotape. He first stated that he was not involved in any way and that he "knew better" than to get in between the deputies fighting with his [REDACTED]. He later commented that as additional deputies arrived, he was shoved out of the way. At that time, he complied and stood back. Mr. [REDACTED] denied any injuries and I did not see any signs of injuries to him.

Mr. [REDACTED] said he was in his room when he heard the scuffling in the kitchen and heard his [REDACTED] (S. Sowell) yelling. When Mr. [REDACTED] went to see what was happening, he saw "two deputies beating" on his [REDACTED]. Mr. [REDACTED] then saw more deputies entering the house and he stepped out of the way. I asked Mr. [REDACTED] to elaborate on the deputies actions and he kept yelling "they were beating him, wasn't no fight, they were beating him!" He did not elaborate and I felt it necessary to end my discussion with him because he was getting increasingly angry the longer we were there. Meanwhile, the crowd was growing around us and more people were chanting and challenging our deputies in the street.

DEPUTY MINOTT

Deputy Minott responded to the location with his partner, Deputy [REDACTED]. Since there were several deputies engaged with the suspect, Deputy Minott found it prudent to watch their backs and kept the rest of the family away from the melee. Deputy Minott completed a supplemental report as to his witnessing the force used by the other deputies.

Suspect Interview(s)

Suspect Interview(s) Conducted By: ☐ Watch Commander ☒ Supervising Sergeant

SUSPECT SOWELL'S STATEMENT

I attempted to videotape the statement by S/ Sowell while he was at the hospital. The Watch Commander, Lt. B. Meeder, was standing next to me. I could see that S/ Sowell's face was swollen and that he had a difficult time opening his eyes, partially because he appeared to be under the influence of alcohol or a depressant. He looked very lethargic. He had a difficult time answering simple questions like his name and his whereabouts.

I asked S/Sowell to tell us what happened. His comment was that the "police wanted him to turn in a gun." He said he did not have a gun and ran to the back yard. He additional said "I don't know what they did to me." All S/ Sowell would say after that was that his shoulder was hurting him. He kept moaning and groaning that his shoulder hurt and I was not able to obtain any other coherent statement from him.

SUSPECT WILSON'S STATEMENT

S/ Wilson did not want to be videotaped for her statement but did go on tape to refuse the appearance. S/ Wilson said she was in the living room watching television when she heard her [REDACTED] (S/ Sowell) yelling for help. She went to the kitchen and saw two deputies pulling on her [REDACTED] (S/ Sowell) and described them "beating" his head on the table leg while on the ground. She said one of the deputies was "whacking" her [REDACTED] with a "billy club." They then struggled to their feet and fell toward the bedroom door. As her [REDACTED] S/ Sowell, tried to pull away, the two deputies dragged him back into the kitchen. S/ Wilson said she then "jumped" on her [REDACTED] in an attempt to stop the deputies from hitting him. At some point, she felt someone tugging on her back and described the "two lady deputies" pulling her off of S/ Sowell. S/ Wilson said she cooperated with the female deputies and stood aside. She denied any injuries and said that no one had struck her nor used any force on her.

SUSPECT YATES' STATEMENT

S/ Yates initially agreed to being videotaped for her statement but when the recorder was on, she refused by saying she already gave a statement.

S/ Yates had asked why she was being arrested. When told that she was being arrested for interfering with the deputies and explained the charge for "lynching," she adamantly denied being involved in any way other than to use the telephone to call 911. She kept asking me to check the 911 tape to confirm her alibi. S/ Yates said when she heard the commotion and saw what was happening, she was the one who called 911, telling the operator that deputies were beating her [REDACTED] and to send more deputies to stop the fighting. S/ Yates said she then ran outside and was the one directing the additional arriving deputies to the back of the house.

SUSPECT POBLANO'S STATEMENT

S/ Poblano also refused to be interviewed on videotape. He lives across the street from S/ Sowell. S/ Poblano said they were standing in the driveway, drinking a beer when the patrol car turned the corner. S/ Poblano thought the deputies were just going to shine their spotlights on them and then drive off. Instead, the deputies got out of the car and approached them. At that time, he and S/ Sowell started walking back toward the house when "Leonis" (S/ Sowell) ran to his room. The deputies chased S/ Sowell, so S/ Poblano stood still. He then heard the screams from inside the house. He also heard S/ Sowell's [REDACTED] yelling. S/ Poblano walked over to the opened door and looked inside. He described the two deputies fighting with S/ Sowell. He denied going over to help his friend. S/ Poblano said about another six deputies showed up and someone had pushed him out of the way. He concluded by saying, he was minding his own business and did not try to help his friend nor interfere. His words were "I'm not involved in no lynching."

Medical Review

S/ Sowell was transported via an ambulance to Harbor - UCLA Medical Center where he was seen by Dr. Middleton under patient #251-66-96. The diagnosis was swelling of both eyes, a fracture to the right eye and minor abrasions to the lips and nose area. Deputies Lee and Galassi guarded the suspect while at the hospital and spoke with Dr. Middleton. The doctor found it "reasonable that the suspect injuries were caused by strikes to the face using a closed hand or fist" (Deputy Galassi's supplemental report enclosed). S/ Sowell's injuries were consistent with the force used. S/ Sowell was medically cleared for booking.

Deputies Essex and Milan later transported Suspect Sowell back to the station for booking.

Training & Tactical Review

Debriefing held to discuss training and tactical issues.

I discussed the force options available to Deputy Coberg and Deputy Brown during the altercation. Consideration was given to shifting the focus of the situation once the gun was seen thrown over their heads. The main threat now changed from S/ Sowell (who was running away) to the other suspect capable of arming himself with the weapon. At this point, it might have been wiser to break contact with S/ Sowell and concentrate on the person who had retrieved the firearm. Both Deputy Coberg and Deputy Brown were receptive to the discussion. It is my recommendation that no further investigation into this incident is required.

Watch Commander's Review

CONCLUSION/RECOMMENDATION

Based upon Sergeant Ching's inquiry of this incident and the above information, the force used by Deputy Coberg and Deputy Brown was objectively reasonable to overcome S/ Sowell's resistance. The deputies' actions were consistent with Departmental policy, procedures and training guidelines. I found the force used was properly reported, documented and within Department policy. I recommend that no further investigation into this incident is required.

Case Status

The facts of this case were submitted to the District Attorney's Office at Compton Court for filing consideration on 12/18/09. Felony charges were filed against Leonis Sowell and his [REDACTED] Rochelle Wilson under case # TA109915. Charges were dismissed on Claretta Yates and Misdemeanor charges were filed against William Poblanos under case #9CP11248.